EXIT INTERVIEW FORM

NAME:	SOCIAL SECURITY #:		
SEPARATION DATE:	DISTRICT/SECTION:		
CIVIL SERVICE CLASS:	OCCUPATIONAL CODE:	C. S. JOB GROUP	

PART I: TO BE COMPLETED BY THE EMPLOYEE

A. PLEASE RATE THE FOLLOWING INDICATING HOW YOU GENERALLY VIEW DOTD AS A PLACE OF EMPLOYMENT. CIRCLE THE APPROPRIATE RESPONSE.

CATEGORY	POOR	NEED TO IMPROVE	AVERAGE	ABOVE AVERAGE	EXC	DID THIS INFLUENCE YOUR DECISION TO LEAVE DOTD	
1.Benefits	1	2	3	4	5	Yes	No
2.Pay	1	2	3	4	5	Yes	No
3.Employee Orientation	1	2	3	4	5	Yes	No
4.On Job Training	1	2	3	4	5	Yes	No
5.Training Opportunities	1	2	3	4	5	Yes	No
6.Promotional Opportunities	1	2	3	4	5	Yes	No
7.Employee Recognition	1	2	3	4	5	Yes	No
8.Communication	1	2	3	4	5	Yes	No
9.Employee Morale	1	2	3	4	5	Yes	No
10.Working Conditions	1	2	3	4	5	Yes	No
11.Supervision Received	1	2	3	4	5	Yes	No
12.Top Leadership	1	2	3	4	5	Yes	No

B. REASON FOR SEPARATION

1.	Salary	% of Increase
2.	Supervision	
3.	Personal	
4.	Retirement	
5.	Involuntary	

			EMPLOYE	EMPLOYEE'S NAME	
			C.S. CLAS	SSIFICATION	
			SECT/DIS	т	_ GANG
		EVIT INT	TERVIEW FORM	•	
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		TO BE COMPLETED BY HUMAN	RESOURCES A	NALYST:	
A.	INTRO	DUCTION			
B.	REVIEW REASONS FOR LEAVING AND SUPERVISOR'S COMMENTS; CLARIFY ANY DISCREPANCIES.				
	What a	are your plans for the future?			
	Tell me	e about your new position.			
	When	did you decide to leave this organiza	ation?		
	Did an	y specific event make you decide to	leave?		
	How w	ould you describe your workload? T	oo much work?	Not enough? Al	oout right?
	What c	did you like most about your job?			
	Least?				
_	01150				
C.		TIONS REGARDING:			
	Retirer	nent			
	Leave	Balances			
	Reemp	ployment			
	Insurar	nce conversion/termination			
D.	COMM	IENTS AND SUGGESTIONS			
E.	FORW	'ARDING ADDRESS:			